

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/16/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>150163</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>06/04/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAINT CATHERINE REGIONAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2200 MARKET ST</b> <b>CHARLESTOWN, IN 47111</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{A 000}	INITIAL COMMENTS  This visit was for a followup to three Federal hospital complaint surveys that was conducted on 03-13-14.  Dates: 06-03 & 04-14  Facility Number: 004975  Surveyor: John Lee, RN Nurse Surveyor Supervisor  Two previously cited deficiencies were found corrected and three previously cited deficiencies were recited.	{A 000}			
{A 144}	QA: cloughlin 06/13/14 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING  The patient has the right to receive care in a safe setting.  This STANDARD is not met as evidenced by: Based on document review, observation & interview, the facility failed to ensure identified areas that needed repaired were repaired and the plan of correction (POC) was followed from the survey on 03-13-14.  Findings include:  1. During the facility tour on 06-03-14 at 0900 hours with staff #40, the following was observed: on the behavioral health unit, the hand rail was missing with holes in the wall where the handrail	{A 144}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{A 144}	Continued From page 1 had been. in room 312, the electrical outlet was protruding from the wall. in the AR Seclusion room #2, the ceiling was brown stained and the wall had bubbled paint. in the behavioral health storage room, the light had no cover and gaps that would allow insects and other vermin to enter the unit and the vents had no covers. the wall in the hallway on the behavioral unit had no baseboard. in room 305, the baseboard was lying on the floor where it was on 03-13-14. in room 304, no baseboard on one of the walls. room 315 had evidence of water damage to the ceiling with 4 brown stained ceiling tiles and unfinished dry wall repair. in room 306, the solid ceiling had evidence of water damage. in room 307, the ceiling had 1 brown stained ceiling tile & the bathroom floor had missing tiles. room 302 had evidence of unfinished drywall repair. the soiled utility room had evidence of unfinished drywall repair & the baseboard was off. in emergency room, rm #5/6, the ceiling was cracked and bowing by the light fixture. the bulk storage area had 4 brown stained ceiling tiles.  2. On 06-03-14 at 1510 hours, staff #40 confirmed the environmental tours were not being done monthly as indicated in the facility's POC dated 04-14-14.	{A 144}			
{A 701}	482.41(a) MAINTENANCE OF PHYSICAL PLANT  The condition of the physical plant and the overall	{A 701}			

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{A 701}	<p>Continued From page 2</p> <p>hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.</p> <p>This STANDARD is not met as evidenced by: Based on document review, observation &amp; interview the facility failed to ensure identified areas that needed repaired were repaired and the plan of correction (POC) was followed from the survey on 03-13-14.</p> <p>Findings include:</p> <p>1. During the facility tour on 06-03-14 at 0900 hours with staff #40, the following was observed: on the behavioral health unit, the hand rail was missing with holes in the wall where the handrail had been. in room 312, the electrical outlet was protruding from the wall. in the AR Seclusion room #2, the ceiling was brown stained and the wall had bubbled paint. in the behavioral health storage room, the light had no cover and gaps that would allow insects and other vermin to enter the unit and the vents had no covers. the wall in the hallway on the behavioral unit had no baseboard. in room 305, the baseboard was lying on the floor where it was on 03-13-14. in room 304, no baseboard on one of the walls. room 315 had evidence of water damage to the ceiling with 4 brown stained ceiling tiles and unfinished dry wall repair. in room 306, the solid ceiling had evidence of water damage. in room 307, the ceiling had 1 brown stained ceiling tile &amp; the bathroom floor had missing tiles. room 302 had evidence of unfinished drywall</p>	{A 701}			

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{A 701}	Continued From page 3 repair. the soiled utility room had evidence of unfinished drywall repair & the baseboard was off. in emergency room, rm #5/6, the ceiling was cracked and bowing by the light fixture. the bulk storage area had 4 brown stained ceiling tiles.	{A 701}			
{A 749}	2. On 06-03-14 at 1510 hours, staff #40 confirmed the environmental tours were not being done monthly as indicated in the facility's POC dated 04-14-14.  482.42(a)(1) INFECTION CONTROL PROGRAM  The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.  This STANDARD is not met as evidenced by: Based on interview the facility failed to ensure the plan of correction (POC) of educating nursing & dietary staff on safe food handling & sanitizing & educating nursing staff for processing laundry & installing handwashing stations in the laundry area was followed for 1 facility.  Findings include:  1. On 06-04-13 at 1428 hours, the education sign in sheet was requested from staff #41 for the safe food handling & sanitizing inservice provided to nursing & dietary personnel per the POC dated 04-21-14. None was provided by exit.  2. CDC document titled "Guidelines for	{A 749}			

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{A 749}	<p>Continued From page 4</p> <p>environmental infection control in healthcare facilities" states "Ensure that laundry areas have handwashing facilities and products and appropriate PPE for workers."</p> <p>3. Review of the facility's POC dated 04-16-14 indicated the facility would have a handwashing sink &amp; hand sanitizers installed in the laundry room on 04-16-14.</p> <p>4. Review of the facility's POC dated 04-16-14 indicated the facility would have a handwashing sink &amp; hand sanitizers installed in the laundry room on 04-16-14.</p> <p>5. On 06-03-14 at 0900 hours, staff #40 confirmed the handwashing sink &amp; hand sanitizers were not installed per the POC.</p> <p>6. On 06-03-14 at 1440 hours, the laundry education for staff per the plan of correction was requested from staff #41. None was provided prior to exit.</p>	{A 749}			